FORM REGU	XI LATION	66									
Employer's code			1	Register of ACCIDENT 1100812510001000							
Name and Address of Contractor: Elite Facilities And Systems Pvt Ltd  I-18,LAJPAT NAGAR-III											
S.no	Name of workm en	Father's name	Desination/ Nature of Employmen t	Act/Omissi on for which fine Imposed	Date of Offence	workmen showed	Nature of person in whose presence employee's explanation was heard	Wages period and wages payable	amoun t of fine impos ed	Date on which fine realised	Remarks
			No ACC	  DENT TII	LL DATE	IN THE M	ONTH OF APRI	L-2023			